



Sandy Parks & Recreation

2015 Spring Soccer

Player/Parent Registration Form

Office Use Only:

Receipt # _____

Amount Paid _____

Date Paid _____

Received by _____

Late Fee _____ Family Discount _____

Please be accurate and completely fill out this form. Failure to do so may cause injury or inconvenience.

Player's Name: _____ ☐ Male ☐ Female
(First name) (Last name) (Middle Initial)

Address: _____ City: _____, Utah, Zip: _____

Elementary school area: _____ School attending: _____

Birth Date: _____ Age: _____ Grade: _____ Medical/Health Restrictions: _____

Father/Guardian: _____ Mother/Guardian: _____

Phone (Day): _____

(Evening): _____

(Cell): _____

Please check
only **ONE** box
for preferred
phone number

Phone (Day): _____

(Evening): _____

(Cell): _____

Parent's Email Address: _____ May we provide this Email to your child(s) coach? _____

Additional person to contact in case of emergency: _____

Relationship to Player: _____ Emergency contact's phone #: H) _____ (C) _____

LEAGUE	EARLY REGISTRATION JAN 6-FEB 18	REGULAR REGISTRATION FEB 19-FEB 25	LATE REGISTRATION AFTER FEB 25
PreK-2 nd Grade	\$45.00	\$50.00	\$55.00
3 rd -4 th Grade	\$48.00	\$53.00	\$58.00
5 th -9 th Grade	\$52.00	\$57.00	\$62.00
10 th -12 th Grade	\$55.00	\$60.00	\$65.00

Player's years of organized soccer: _____

- Standard shirt sizing will be ordered for each age group
- Refunds - \$15.00 is non-refundable
- No refunds after first scheduled game
- Players must play in their current grade league
- Game day & location may change pending registration numbers.

Player would like to be on the same team as (list coach's name first):

BOYS SPRING SOCCER (choose 1)

Pre-Kindergarten (Boys) 3rd & 4th Grade (Boys)

Wednesday Lone Peak _____ Tuesday Lone Peak _____

Saturday Eastridge _____ 3rd Grade (Boys)

Saturday Falcon _____ Saturday Eastridge _____

Saturday Flat Iron _____ Saturday Falcon _____

Saturday Lone Peak _____ Saturday Flat Iron _____

Saturday Lone Peak _____ Saturday Lone Peak _____

Kindergarten (Boys) 4th Grade (Boys)

Thursday Lone Peak _____ Saturday Eastridge _____

Saturday Eastridge _____ Saturday Falcon _____

Saturday Falcon _____ Saturday Flat Iron _____

Saturday Flat Iron _____ Saturday Lone Peak _____

Saturday Lone Peak _____ Saturday Lone Peak _____

1st Grade (Boys) 5th & 6th Grade (Boys)

Thursday Lone Peak _____ Saturday Falcon _____

Saturday Eastridge _____ Saturday Lone Peak _____

Saturday Falcon _____ 7th - 9th Grade (Boys)

Saturday Flat Iron _____ Saturday Falcon _____

Saturday Lone Peak _____ Saturday Lone Peak _____

2nd Grade (Boys)

Wednesday Lone Peak _____

Saturday Eastridge _____

Saturday Falcon _____

Saturday Flat Iron _____

Saturday Lone Peak _____

COED SPRING SOCCER

10th - 12th Grade (Coed)

Monday Lone Peak _____

GIRLS SPRING SOCCER (choose 1)

Pre-Kindergarten (Girls) 3rd & 4th Grade (Girls)

Monday Lone Peak _____ Monday Lone Peak _____

Saturday Eastridge _____ 3rd Grade (Girls)

Saturday Falcon _____ Saturday Eastridge _____

Saturday Flat Iron _____ Saturday Falcon _____

Saturday Lone Peak _____ Saturday Flat Iron _____

Saturday Lone Peak _____ Saturday Lone Peak _____

Kindergarten (Girls) 4th Grade (Girls)

Tuesday Lone Peak _____ Saturday Eastridge _____

Saturday Eastridge _____ Saturday Falcon _____

Saturday Falcon _____ Saturday Flat Iron _____

Saturday Flat Iron _____ Saturday Lone Peak _____

Saturday Lone Peak _____ Saturday Lone Peak _____

1st Grade (Girls) 5th & 6th Grade (Girls)

Monday Lone Peak _____ Saturday Falcon _____

Saturday Eastridge _____ Saturday Lone Peak _____

Saturday Falcon _____ 7th - 9th Grade (Girls)

Saturday Flat Iron _____ Saturday Falcon _____

Saturday Lone Peak _____ Saturday Lone Peak _____

2nd Grade (Girls)

Tuesday Lone Peak _____

Saturday Eastridge _____

Saturday Falcon _____

Saturday Flat Iron _____

Saturday Lone Peak _____



Make a successful program by volunteering! I will be a: (please write your name in)

Coach: _____ Assistant Coach: _____ Team Parent: _____
(Name) (Name) (Name)

Email address (Coach and Assistant Coach only) _____

~Please read and sign consent form on reverse side~

SANDY CITY SOCCER PROGRAM INFORMED CONSENT AND AUTHORIZATION

The undersigned, as the parent or guardian of _____, agrees to allow my child to participate in the program/activity described below.

Program / Activity Description

The Sandy City Spring Soccer Program runs approximately from March 21, 2015 through June 20, 2015 and utilizes Sandy City fields. Games are played on some weeknights and Saturdays. Participation in the Soccer program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may include (1) minor injuries such as a sunburn, windburn, scratches, bruises, blisters, and sprains; (2) major injuries, such as eye injury or loss of sight, joint or back injuries, concussions, and broken bones (3) catastrophic injuries as well as paralysis and death. Transportation to and from practices and games is the responsibility of the parent or guardian.

I recognize that the program/activity described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in the program/activity. I further state that he or she is sufficiently physically fit to safely participate in the program/activity.

____ Please initial here

Emergency Medical Care Authorization

In the event my minor child is injured while participating in the program/activity described above, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./ paramedic/physician, such treatment is necessary.

Name of Child _____ Age: _____

Health Insurance Carrier: _____

(This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)

Medical Restrictions on Player's Participation: _____

____ Please initial here

Media Release

I give permission for activity videos and photographs to be taken of the program participant for use in public media as well as official Sandy City publicity, such as Sandy City Internet web site, publications, displays and presentations.

____ Please initial here

Concussion & Head Injury Policy Acknowledgement

I have read the Concussion and Head Injury Policy. I have been informed on how to recognize the signs and symptoms, and agree to abide by the policy. I understand if my child is suspected of having a concussion, he/she will be removed from the sporting event and will not be permitted to continue participating in any upcoming sporting events until a qualified Health Care Professional has determined it to be safe. I will provide Sandy City with a written statement by a qualified Health Care Professional acknowledging my child is cleared to resume participation.

____ Please initial here

I have carefully read and understand the contents of this document and I specifically intend to cover my child's insurance needs for the above-referenced program/activity. I have read and agree to the above 3 sections. Please initial each line above.

Name of Parent or Legal Guardian: _____ Signature: _____ Date: _____
(Please print)

How did you find out about this program: website - school - mailing - brochure - email - friend - coach - played before